

EXHIBIT A

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052024268655

CERTIFICATE OF DEATH

3202419058957

STATE FILE NUMBER 3052024268655		LOCAL REGISTRATION NUMBER 3202419058957	
1. NAME OF DECEDENT - FIRST (Given) LEONARDO		2. MIDDLE -	
3. LAST (Family) DIAZ		4. DATE OF BIRTH mm/dd/yyyy 02/08/1990	
5. AGE Yrs. 34		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY CA		8. SOCIAL SECURITY NUMBER [REDACTED]	
9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		10. MARITAL STATUS/DECP (at time of death) MARRIED	
11. DATE OF DEATH mm/dd/yyyy 12/02/2024		12. HOUR (24 hours) 1715	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) MEXICAN AMERICAN		16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED EQUIPMENT MECHANIC	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MECHANIC		18. YEARS IN OCCUPATION 2	
19. DECEDENT'S RESIDENCE (Street and number, or location) 7717 S. FIGUEROA ST			
20. CITY LOS ANGELES		21. COUNTY/PROVINCE LOS ANGELES	
22. ZIP CODE 90003		23. YEARS IN COUNTY 34	
24. STATE/FOREIGN COUNTRY CA		25. INFORMANT'S NAME, RELATIONSHIP MARIA GUADALUPE DIAZ, WIFE	
26. NAME OF SURVIVING SPOUSE/SRDP - FIRST MARIA		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 7717 S. FIGUEROA ST, LOS ANGELES, CA 90003	
28. MIDDLE GUADALUPE		29. LAST (BIRTH NAME) DIAZ	
30. NAME OF PARENT - FIRST LEONARDO		31. MIDDLE -	
32. LAST (BIRTH NAME) DIAZ		33. BIRTH STATE NAY, MX	
34. NAME OF PARENT - FIRST RAMONA		35. MIDDLE -	
36. LAST (BIRTH NAME) RAMIREZ		37. BIRTH STATE COL, MX	
38. DISPOSITION DATE mm/dd/yyyy 01/04/2025		39. PLACE OF FINAL DISPOSITION RESURRECTION CEMETERY	
40. TYPE OF DISPOSITION BURIAL		41. SIGNATURE OF EMBALMER JESSICA A MOLINA	
42. NAME OF FUNERAL ESTABLISHMENT AGAPE FUNERAL HOME		43. LICENSE NUMBER EMB9384	
44. LICENSE NUMBER FD1965		45. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS MD	
46. DATE 12/17/2024		47. DATE 12/17/2024	
101. PLACE OF DEATH STREET		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. COUNTY LOS ANGELES		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) OREGON COURT AND MAPLE AVE	
105. CITY TORRANCE		106. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
107. CAUSE OF DEATH (Final disease or condition resulting in death) MULTIPLE GUNSHOT WOUNDS		108. TIME INTERVAL BETWEEN ONSET AND DEATH MIN	
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		114. IF DECEDENT PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy		116. SIGNATURE AND TITLE OF CERTIFIER REGINA AUGUSTINE	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. LICENSE NUMBER 12/02/2024	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy 12/02/2024		122. HOUR (24 hours) 1701	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) STREET AND/OR HIGHWAY			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) SHOT BY OTHER(S) DURING ENCOUNTER WITH LAW ENFORCEMENT			
125. LOCATION OF INJURY (Street and number, or location, and city and zip) OREGON COURT AND MAPLE AVE, TORRANCE, CA 90503			
126. SIGNATURE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE		127. DATE mm/dd/yyyy 12/13/2024	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE, DEP CORONER		129. FAX AUTH#	
130. CENSUS TRACT		131. STATE REGISTRAR	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles
Department of Public Health if it bears the Registrar's signature in purple ink.



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DEC 23 2024

Health Officer and Registrar **VEDATE ISSUED**

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

